

Document: Summary Comparison of Medical Plans	Document#: BEN-AE-007	Issue Date: 10/01/2009	Revision#: 003	Revision Date: 01/01/2015
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## SUMMARY COMPARISON OF MEDICAL PLANS 2015

BENEFIT HIGHLIGHTS	BLUE CROSS BLUE SHIELD PPO		BLUE CROSS BLUE SHIELD PPO PREMIUM		BLUE ADVANTAGE HMO
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY

### CALENDAR YEAR PLAN DEDUCTIBLE (Paid once in a calendar year)

Individual	\$300	\$550	N/A	\$350	N/A
Family Maximum	\$900	\$1,650	N/A	\$1,050	N/A
	Deductibles accumulate in and out-of-network				

### CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes deductible, rx co-pays & medical co-pays)

Individual	\$1,800	\$3,550	\$3,350	\$3,350	\$1,500
Family Maximum	\$5,400	\$10,650	\$7,050	\$7,050	\$3,000
	Out-of-pocket max accumulates in and out-of-network includes deductible, medical co-pays, co-pays for Rx		Out-of-pocket max accumulates in and out-of-network includes deductible, medical co-pays, co-pays for Rx		includes deductible, medical co-pays, co-pays for Rx

**DEPENDENT COVERAGE** Adult children may be covered until age 26; Unmarried Military Veteran dependents may be covered until age 30 and must reside in Illinois.

### PHYSICIAN CHARGES

Office Visits	\$20 Co-pay PCP, 100% \$30 Co-pay Specialist	80% Subject to deductible	\$20 Co-pay, 100% \$30 Co-pay Specialist	70% Subject to deductible	\$15 Co-pay, 100% PCP \$25 Co-pay Specialist
Hospital Visits	90% Subject to deductible	80% Subject to deductible	100%	70% Subject to deductible	100%
Chiropractor	\$30 Co-pay, 100%	80% Subject to deductible	\$30 Co-pay, 100%	70% Subject to deductible	\$15 Co-pay referral from PCP required
Physical Therapy	Non-PCP \$30 Co-pay, 100%	80% Subject to deductible	Non-PCP \$30 Co-pay, 100%	70% Subject to deductible	\$15 Co-pay referral from PCP required

\*PCP co-pay will apply to the following physician specialty types: internal medicine, general practitioner, family practice, pediatrician, optometrist, and obstetrician/gynecologist (OB/GYN). Under BCBS PPO & PPO Premium: if your OB/GYN provider is listed as a PCP in the provider directory, you will pay a PCP copayment. If your OB/GYN doctor is listed as a specialist, you will pay the specialist copayment. You do not need a referral to visit an OB/GYN provider.

### DIAGNOSTIC, IMAGING, X-RAY AND LAB TESTS

Billed by Dr. Office	\$20 Co-pay, 100%	80% Subject to deductible	100%	70% Subject to deductible	100%
Billed by Other than Dr. Office	90% Subject to deductible	80% Subject to deductible	100%	70% Subject to deductible	100%

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HOSPITAL					
In-Patient	Pre-admission certification is required. Your in-network provider must call Member Services for approval or penalty applies.	Pre-admission certification is required. You must call Member Services for approval or penalty applies.	Pre-admission certification is required. Your in-network provider must call Member Services for approval or penalty applies.	Pre-admission certification is required. You must call Member Services for approval or penalty applies.	Primary care physician must approve hospital stay.
In-Patient Room & Board (Semi-Priv)	90% Subject to deductible	80% Subject to deductible	\$200 Co-pay, then 100%	70% Subject to deductible	\$250 co-pay, then 100%
In-Patient Ancillary Charge	90% Subject to deductible	80% Subject to deductible	100%	70% Subject to deductible	100%
Out-Patient Emergency Hospital Charges	90% Subject to deductible	90% Subject to deductible	\$100 Co-pay, then 100%	\$100 Co-pay, then 100%	\$75 Co-pay, then 100%; You must follow the HMO emergency procedure described in the HMO literature.
Urgent Care	90% Subject to deductible	90% Subject to deductible	\$100 Co-Pay, 100%	\$100 Co-Pay, 100%	\$15 Co-pay, then 100% - Urgent Care Center must be affiliated with your medical group or referred by your medical group
SURGERY					
In-Patient	90% Subject to deductible	80% Subject to deductible	100%	70% Subject to deductible	100%
Out-Patient	90% Subject to deductible	80% Subject to deductible	\$100 Co-pay, 100%	70% Subject to deductible	\$50 Co-pay, 100%
NEWBORN					
Hospital Nursery	90% Subject to deductible	80% Subject to deductible	100%	70% Subject to deductible	100%
Well Baby Care (Office Visit)	100%	Not Covered	100%	Not Covered	100%
PREVENTIVE SERVICES					
Annual Physical Exam	100%	Not Covered	100%	Not Covered	100%
Immunizations & Inoculations	100%	Not Covered	100%	Not Covered	100%
Vision Discounts	Blue 365 Discount Program	Not Covered	Vision Exam 100% every 24 months	Not Covered	Vision Exam 100% every 12 mos. - Davis Vision Provider
Discounts on Glasses	Blue 365 Discount Program	Not Covered	Blue 365 Discount Program	Not Covered	\$75 Allowance every 24 mos. Davis Vision

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### MENTAL HEALTH/SUBSTANCE ABUSE

Office Visits	\$20 Co-pay, 100%	80% Subject to deductible	\$20 Co-pay	70% subject to deductible	\$15 Co-pay, 100%
Hospital In-Patient	Pre-admission certification is required. Your in-network provider must call Member Services for approval or penalty applies. 90% Subject to deductible	Pre-admission certification is required. You must call Member Services for approval or penalty applies. 80% Subject to deductible.	Pre-admission certification is required. Your in-network provider must call Member Services for approval or penalty applies. \$200 Co-pay, 100%	Pre-admission certification is required. You must call Member Services for approval or penalty applies. 70% Subject to deductible.	Primary care physician must approve hospital stay. \$250 Co-pay, 100%

PRESCRIPTION DRUGS	Generic In-Network	Preferred Brand In-Network	Non-Preferred Brand In-Network	Mail Order (90 Day Supply) In-Network	Out-Of-Network
BLUE CROSS BLUE SHIELD PPO	\$10 Co-pay	\$20 Co-pay	\$40 Co-pay	\$20 Co-pay (Generic) \$40 Co-pay (Preferred) \$80 Co-pay (Non-Preferred)	80% Subject to the Rx deductible of \$50
BLUE CROSS BLUE SHIELD PPO PREMIUM	\$10 Co-pay	\$20 Co-pay	\$40 Co-pay	\$20 Co-pay (Generic) \$40 Co-pay (Preferred) \$80 Co-pay (Non-Preferred)	80% Subject to the Rx deductible of \$50
BLUE ADVANTAGE HMO	\$10 Co-pay	\$20 Co-pay	\$40 Co-Pay	\$20 Co-pay (Generic) \$40 Co-pay (Preferred) \$80 Co-pay (Non-Preferred)	N/A

### EXCLUSIONS AND LIMITATIONS

All services must be medically necessary and are subject to carrier plan rules and limitations. Consult the BCBS Group Insurance Certificate and HMO Contracts and/or booklets for specifics.

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